

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/520876

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1	1	1		
2		1		1		
3		2		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14	1		1			
15	1		1			
16		1		1		
17		1		1		
18		3		1		
19	1		1			
20		1		1		
21		2		1		
22		2		1		
23	1		1			
24		1		1		
25		1		1		
26		2		1		
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49						
50						
TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	27	←	21	←		←
TOTAL CLAIMS	32		26			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						